

United States Bankruptcy Court
Eastern District of Michigan
Southern Division

In re City of Detroit, Michigan,
Debtor

Case No. 13-53846
Chapter Nine (9)
Hon. Thomas J. Tucker

Objection – Court Docket # 9739

Debtors' Fifteenth Omnibus Objection to Certain Claims (No Basis Claims)

Submitted By: Constance M. Phillips, Creditor – Detroit Retiree - 2720 E. Lafayette #103, Detroit, Michigan 48207.

I am presenting an objection to Court Docket #9739 to be on record that I purposely filed a Proof of Claim on 2/21/2014 regarding the City of Detroit Bankruptcy. In case the group of No Basis Claims should be expanded beyond the listed parties, I do not want my previously submitted claim to be further reduced beyond the current 4.5% reduction, considered for elimination or discharged/disallowed.

To accompany this objection, I provide a copy of the Proof of Claim as submitted and stamped by U.S. Bankruptcy Court on 2/21/2013 with key signed fiscal and other informational documents extracted from that previous claim. At this point in time, I still believe that I am entitled to a City of Detroit Pension, Healthcare as a Retiree who will reach the age of 65 this year, dental and vision care. These benefits were to be provided upon Retirement as indicated in the signed documents completed at the official time of Retirement from Service signed on 3/15/2012. These actions were completed well in advance of the December 2014 date noted in the 9739 docket.

Additionally, I have included five given pages from the docket referencing that claims may be reduced, eliminated or disallowed.

** (Documentation submitted applies to Dockets #9739, #9740 and #9741.)

Signed: Constance M. Phillips

Printed Name: CONSTANCE M. PHILLIPS

Date: 5/20/2015

FILED
2015 MAY 20 P 1:55
U.S. BANKRUPTCY COURT
E.D. MICHIGAN - DETROIT

**Extractions from the
City of Detroit Bankruptcy
Docket - #9739
Submitted with an Objection
Provided to the Bankruptcy Court
By Constance M. Phillips on 5/20/2015**

IN THE UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION

----- X
: Chapter 9
In re :
: Case No. 13-53846
CITY OF DETROIT, MICHIGAN, :
: Hon. Thomas J. Tucker
Debtor :
----- X

DEBTOR'S FIFTEENTH OMNIBUS OBJECTION TO CERTAIN CLAIMS

(No Basis Claims)

THIS OBJECTION SEEKS TO DISALLOW AND EXPUNGE CERTAIN FILED PROOFS OF CLAIM. CLAIMANTS RECEIVING THIS OBJECTION SHOULD CAREFULLY REVIEW THIS OBJECTION AND LOCATE THEIR NAMES AND CLAIMS ON THE EXHIBIT ATTACHED TO THIS OBJECTION.

SPECIAL NOTICE REGARDING PENSION CLAIMS, RETIREE HEALTHCARE CLAIMS AND CERTAIN OTHER CLAIMS: THIS OBJECTION DOES NOT AFFECT ANY CLAIM (INCLUDING PENSION CLAIMS AND RETIREE HEALTHCARE CLAIMS) THAT IS NOT SUBJECT TO THE TREATMENT PROVIDED FOR CLAIMS IN CLASSES 3, 14 OR 15 UNDER THE PLAN. SEE PAGES 5-6 OF THIS OBJECTION FOR MORE INFORMATION.

The Debtor, the City of Detroit (the "City"), by and through its undersigned counsel, for its objection to claims (the "Objection") and its request for an order disallowing certain claims on the basis that they do not identify a valid basis for any liability of the City, substantially in the form attached hereto as Exhibit 1, respectfully states as follows:



IN THE UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION

-----X
: Chapter 9
In re :
: Case No. 13-53846
CITY OF DETROIT, MICHIGAN, :
: Hon. Thomas J. Tucker
Debtor :
-----X

**NOTICE OF DEBTOR'S FIFTEENTH OMNIBUS
OBJECTION TO CERTAIN CLAIMS**

(No Basis Claims)

Re: 13-53846 - P-421B/c 5/19/2015

PLEASE CAREFULLY REVIEW THIS OBJECTION AND THE ATTACHMENTS
HERETO TO DETERMINE WHETHER THIS OBJECTION AFFECTS YOUR
CLAIM(S).

PLEASE TAKE NOTICE THAT the City, by and through its undersigned counsel, has
filed an objection to certain no basis claims (the "Fifteenth Omnibus Objection") and for an
order disallowing and expunging such claims.

YOUR CLAIM MAY BE REDUCED, MODIFIED OR ELIMINATED.
PURSUANT TO FED. R. BANKR. P 3007(e)(1) AND PRIOR ORDERS OF THIS
COURT. YOU SHOULD REVIEW EXHIBIT 2 OF THE FIFTEENTH OMNIBUS
OBJECTION TO FIND YOUR NAME AND CLAIM. YOU SHOULD READ THESE
PAPERS CAREFULLY AND DISCUSS THEM WITH YOUR ATTORNEY, IF YOU
HAVE ONE.

If you do not want the court to eliminate or change your claim, or grant the relief request in the Fifteenth Omnibus Objection, then on or before **May 20, 2015**, you or your lawyer must:

1. File with the court, at the address below, a written response to the objection. Unless a written response is filed and served by the date specified, the court may decide that you do not oppose the objection to your claim.

Clerk of the Court
United States Bankruptcy Court
211 W. Fort Street, Suite 2100
Detroit, MI 48226

If you mail your response to the Court for filing, you must mail it early enough so that the Court will **receive** it on or before the date stated above. All attorneys are required to file pleadings electronically.

2. A copy of your response must also be mailed to counsel for the City:

John A. Simon
Jeffrey S. Kopp
Tamar N. Dolcourt
Leah R. Imbrogno
Foley & Lardner LLP
500 Woodward Ave., Ste. 2700
Detroit, MI 48226

3. You must also attend the hearing on the objection scheduled to be held on **May 27, 2015** at 1:30 p.m. in Courtroom 1925, 211 W. Fort Street, Detroit, MI 48226 unless your attendance is excused by mutual agreement between yourself and the objector's attorney.

If you or your attorney do not take these steps, the court may decide that you do not oppose the objection to your claim, in which event the hearing will be canceled and the objection sustained.

IN THE UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION

-----	X	
	:	Chapter 9
In re	:	
	:	Case No. 13-53846
CITY OF DETROIT, MICHIGAN,	:	
	:	Hon. Thomas J. Tucker
Debtor	:	
-----	X	

ORDER GRANTING DEBTOR'S
FIFTEENTH OMNIBUS OBJECTION TO CERTAIN CLAIMS
(No Basis Claims)

Upon the fifteenth omnibus objection to claims, dated April 23, 2015 (the "Objection"),¹ of the Debtor, City of Detroit, Michigan, (the "City"), seeking entry of an order disallowing and expunging certain claims no basis claims as described in the Objection, and it appearing that this Court has jurisdiction over the Objection pursuant to 28 U.S.C. §§ 157 and 1334; and the Court having found that this is a core proceeding pursuant to 28 U.S.C. § 157(b)(2); and the Court having found that venue of this proceeding and the Objection in this District is proper pursuant to 28 U.S.C. §§ 1408 and 1409; and it appearing that the relief requested in the Objection is in the best interests of the City, and its creditors; and due and proper notice of the Objection having been given as provided in the Objection; and it appearing that no other or further notice of the Objection need be given; and a hearing on the Objection having been held before the Court; and any objections to the Objection having been overruled or withdrawn; and the Court finding that the legal and factual bases set forth in the

¹ Capitalized terms used but not otherwise defined herein shall have the meaning ascribed to them in the Objection.

Objection and at the hearing establish just cause for the relief granted; and after due deliberation and good and sufficient cause appearing therefore;

IT IS ORDERED that:

1. The Objection is sustained as set forth herein.
2. All of the proofs of claim listed in the "No Basis Claims" spreadsheet in Exhibit 2 annexed to the Objection (the "No Basis Claims") are disallowed and expunged in their entirety, under to Section 502(b).
3. The City's claims agent is authorized to update the claims register to reflect the relief granted in this Order.
4. The City is authorized to take all actions necessary to effectuate the relief granted pursuant to this Order in accordance with the Objection.
5. This Order will affect only those claims that are subject to treatment in Classes 3, 14, or 15 under the Plan.
6. Each claim and the objections by the City to each claim as addressed in the Objection and set forth in Exhibit 2 constitutes a separate contested matter as contemplated by Bankruptcy Rule 9014. This Order shall be deemed a separate order with respect to each claim. Any stay of this Order shall apply only to the contested matter that involves such creditor and shall not act to stay the applicability or finality of this Order with respect to the other contested matters covered hereby, and further provided that the City shall have the right to submit a separate order with respect to contested matters or claims.
7. Notice of the Objection as provided therein is good and sufficient notice of such objection, and the requirements of Bankruptcy Rule 3007(a) and the local rules of the Court are satisfied by such notice.

UNITED STATES BANKRUPTCY COURT

PROOF OF CLAIM

Name of Debtor:

Case Number:

13-53846

City of Detroit, Michigan

FILED

FEB 21 2014

US Bankruptcy Court
MI Eastern District

NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.

Name of Creditor (the person or other entity to whom the debtor owes money or property):

Constance Mary (M.) Phillips

COURT USE ONLY

☐ Check this box if this claim amends a previously filed claim.Court Claim Number: _____
(If known)

Filed on: _____

Name and address where notices should be sent:

Constance M. Phillips
2720 E. Lafayette Apt. #103
Detroit, Michigan 48207

Telephone number: (313) 510-3820 email: cphillips25000@comcast.net

Name and address where payment should be sent (if different from above):
(Same)☒ Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.

Telephone number:

email:

1. Amount of Claim as of Date Case Filed:

\$ 30,599.62

If all or part of the claim is secured, complete item 4.

If all or part of the claim is entitled to priority, complete item 5.

☐ Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.2. Basis for Claim: Recent Retiree- Detroit General Retirement System 2/2012 *
(See instruction #2)3. Last four digits of any number
by which creditor identifies debtor:
2 3 1 03a. Debtor may have scheduled account as:
0
(See instruction #3a)3b. Uniform Claim Identifier (optional):
0
(See instruction #3b)

4. Secured Claim (See instruction #4)

Check the appropriate box if the claim is secured by a lien on property or a right of setoff. attach required redacted documents, and provide the requested information.

Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☒ Other
Describe: Monthly Pension- Including Health, Dental and Optical InsuranceBasis for perfection: Implied Contract
plus Death Benefits - Health Restoration Needed

Value of Property: \$ _____

Amount of Secured Claim: \$ 0.00

Annual Interest Rate _____ % ☐ Fixed or ☒ Variable
(when case was filed)

Amount Unsecured: \$ 30,599.62

5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.

☐ Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).☐ Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier - 11 U.S.C. § 507 (a)(4).☒ Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5).

Amount entitled to priority:

☐ Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507 (a)(7).☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507 (a)(8).☐ Other - Specify applicable paragraph of 11 U.S.C. § 507 (a)(____).

\$ 30,599.62

*Amounts are subject to adjustment on 4/01/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

6. Creditors' claims are paid in full. This claim has been verified for the purpose of making this proof of claim. (See instruction #6)

7. **Documents:** Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #7, and the definition of "redacted".)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain: **Not Applicable**

8. **Signature:** (See instruction #8)

Check the appropriate box.

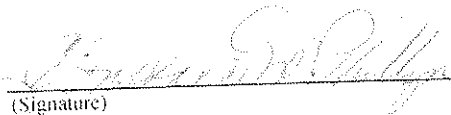
☒ I am the creditor. ☐ I am the creditor's authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. (See Bankruptcy Rule 3004.)

☐ I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Constance M. Phillips
Title: Retired - General Manager
Company: City of Detroit Municipal Government
Address and telephone number (if different from notice address above):
2720 E. Lafayette #103 (Same)


(Signature)

02/20/2014

(Date)

Telephone number: (313) 510-3820 email: cphillips25000@comcast.net

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number:

Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

3b. Uniform Claim Identifier:

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim

Check whether the claim is fully or partially secured. Skip the secured claim section if the claim is unsecured.

claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a):

If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

7. Documents:

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

8. Date and Signature:

The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS

Debtor

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is a person, corporation, or other entity to whom debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. §101 (10).

Claim

A claim is the creditor's right to receive payment for a debt owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured.

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the clerk of the same bankruptcy court in which the bankruptcy case was filed.

Secured Claim Under 11 U.S.C. § 506 (a)

A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien.

A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

Unsecured Claim

An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

Claim Entitled to Priority Under 11 U.S.C. § 507 (a)

Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

Redacted

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information.

Evidence of Perfection

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

INFORMATION

Acknowledgment of Filing of Claim

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim or you may access the court's PACER system (www.pacer.psc.uscourts.gov) for a small fee to view your filed proof of claim.

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.

CITY OF DETROIT ENUMERATION OF BENEFITS
PENSION STATEMENT ENUMERATION FOR CONSTANCE M. PHILLIPS (#2310)
BENEFITS RECEIVED IN 2013
(SEE ATTACHED 1/1/2014 PENSION STATEMENT)

1)	PENSION (ALLOF 2013)		\$23,204.02
2)	INCLUSIVE OF THE FOLLOWING PAYMENTS AND BENEFITS		
	FEDERAL TAXES	\$206.28 X 12 MONTHS	2,475.36
	MI. STATE TAXES	\$76.76 X 12 MONTHS	921.12
	HEALTH COVERAGE	\$117.36 X 12 MONTHS	1,408.32
	DENTAL COVERAGE	\$85.99 X 12 MONTHS	71.88
	OPTICAL COVERAGE	\$1.07 X 12 MONTHS	12.84
	DEATH BENEFIT	\$.09 X 12 MONTHS	1.08
3)	NET PAYMENT PER MONTH \$1,398.66 X 12 MONTHS		16,783.92
4)	GROSS PAYMENT PER MONTH \$1,806.21 X 12 MONTHS		\$21,674.52
5)	THE PAYMENT FOR 1/2014 = \$1,806.21 + \$23,204.02 = \$23,480.72		
	** THERE IS A VARIANCE OF AN ADDITIONAL \$276.71 ON THE PART OF		

THE CITY

1)	PENSION (8 MONTHS SINCE BANKRUPTCY FILING *		\$14,449.68
2)	INCLUSIVE OF THE FOLLOWING PAYMENTS AND BENEFITS		
	FEDERAL TAXES	\$206.28 X 8 MONTHS	1,650.24
	MI. STATE TAXES	\$76.76 X 8 MONTHS	614.08
	HEALTH COVERAGE	\$117.36 X 8 MONTHS	938.88
	DENTAL COVERAGE	\$85.99 X 8 MONTHS	47.92
	OPTICAL COVERAGE	\$1.07 X 8 MONTHS	8.56
	DEATH BENEFIT	\$.09 X 8 MONTHS	0.72
3)	NET PAYMENT PER MONTH \$1,398.66 X 8 MONTHS = \$11,189.28		
4)	GROSS PAYMENT PER MONTH \$1,806.21 X 8 MONTHS = \$14,449.68		
	(DETROIT BANKRUPTCY FILING - 7/2013, 8/2013, 9/2013, 10/2013,		
	11/2013, 12/2013, 1/2014 AND 2/2014 TO DATE		

SIGNED

[Signature]

February 20, 2014

Constance M. Phillips' Narrative to City of Detroit Bankruptcy Claim (#2310)

I was employed with the City of Detroit for a number of years 1991-2004, and 2010 until February, 2012. Additionally, I worked with the Detroit Housing Commission from 2004-2006 as it progressed through organizational transition under the federal direction of the U.S. Department of Housing and Urban Development. I possess both an undergraduate degree in Social Science from Michigan State University and a graduate degree from Wayne State University in Guidance and Counseling.

I retired from the City of Detroit as a General Manager from the Department of Human Services to utilize vested funds promised! This City Department had been in existence for over thirty years to assist the poorest of the poor of the citizen constituency. This department was funded with federal funding. The federal money did allow for staff pensions to be paid from the annual allocations that operated the department.

The Department of Human Services experienced an unexpected change in the administrative leadership in May of 2011 as requested by the then current Mayor - Mr. Dave Bing. I was the only one of four top executive staff members who was retained. I passed background investigation reviews conducted by both the Federal Bureau of Investigation and the City of Detroit Police Department's Internal Affairs Division. I continued working. I undertook the daunting task of covering four professional positions in the person of one individual to help the department continue to progress. In the summer of 2012 the department closed and the City returned federal funds to the federal government: Health and Human Services - Administration for Children and Families (Head Start);

Health and Human Services – Community Services Block Grant – Community Action Agency ; and the Department of Energy – Weatherization Services. To my knowledge the government did not request the return of funds.

The federal government funding sources did not request that the City of Detroit return federal funds. During my professional career of over 30 years of working with both federal government and foundation grant funded programs, an assistance plan is normally provided to allow an awardee to best utilize funding. The usual procedure is for the Grant Officer to work with a funded entity to overcome difficulties for the best benefits of the clientele to be served. The best Detroit example is the Detroit Housing Commission and its recent restoration to the City of Detroit.

--Money was provided for pension payments; where is it?

--What entity ensures the Detroit pension?

--How does a citizen who diligently worked with grant programs for over 37 years get answers as to what concern is going to pay my City pension which was earned and is not a gift?

--When does Detroit plan to once again serve the income eligible population among its residents? I ask because I may need services in the very near future.

Upon deciding to retire from my position in January 2012, I researched my fiscal options; the availability of a retirement benefit option of 10 years of employment and an achieved age of 60 years with the included provision of health care benefits, dental and optical and death benefit insurance; existed . I was also eligible for earned benefits from previous employers. Those benefits did not include health insurance coverage. Now, I will be financially stressed to pay a health insurance bill of \$7,395.60 annually. My quality of life will be drastically affected.

I am aware that the leadership of various unions within the City representing Retirees and Current employees has filed claims against the Bankruptcy Filing and has been in continual discussion with the court appointed mediators to aid us all. I

have also taken a keen interest in this process by attending more than six public court sessions on this process. I was present in court when approximately 50 persons came before Judge Stephen Rhodes and presented their individual circumstances opposing the bankruptcy and detailing how their lives would be disrupted and changed if the pensions and benefits were not available.

Signed: _____

Constance M. Phillips – Retired City Employee

_____ Date



General Retirement System*
of the City of Detroit
2 Woodward Ave Ste 908
Detroit, MI 48226-3455

Page 001 of 001

Period Beginning: 12/01/2013
Period Ending: 12/31/2013
Advice Date: 01/01/2014
Advice Number: 1100885588
Batch Number: 000000000515

Retirement Code E-10-2-1

PHILLIPS, CONSTANCE
2720 E LAFAYETTE ST APT 103
DETROIT MI 48207-3959

Tax Code Single 0 exemptions
Pension No 169106
Social Security No XXX-XX-2310

EARNINGS	RATE	ADJUSTMENT	CURRENT	YTD	DEDUCTIONS	DEDUCTION CODE	CURRENT	YTD
Pension	1806.21	0.00	1806.21	23204.02	Federal Income Tax		206.28	206.28
Annuity	0.00	0.00	0.00	0.00	Michigan Income Tax		76.76	76.76
					Medical-HAP	EBRDA100	117.36	117.36
					Death Benefit	00040210	0.09	0.09
					Dental-Dencap Dental	00050071	5.99	5.99
					Vision-Heritage	00040051	1.07	1.07

Gross Pay 1806.21 23204.02 Total Deductions 407.55 407.55
Net Pay \$1,398.66

IMPORTANT NOTES

© 2002 Automatic Data Processing (PCL) (V)



General Retirement System
of the City of Detroit
2 Woodward Ave Ste 908
Detroit, MI 48226-3455

Advice Number: 1100885588

Advice Date: 01/01/2014

Deposited to the account of
PHILLIPS, CONSTANCE

Checking

Account Number

Transit ABA

Amount

\$1,398.66

THIS IS NOT A CHECK

NON-NEGOTIABLE

HEALTH INSURANCE FINANCIAL CHANGE FACTOR FOR CONSTANCE M. PHILLIPS (#2310)
THE CITY OF DETROIT AS OF MARCH 1, 2014 DOES NOT PROVIDE HEALTH COVERAGE TO
EMPLOYEES UNDER THE AGE OF 65.

I SECURED A HEALTH ALLIANCE PLAN IN JANUARY, 2014
THE MONTHLY INSURANCE PREMIUM IS \$616.30 PER MONTH
\$616.30 X 12 MONTHS = \$7,395.60

** (SEE E-MAIL CONFIRMATIONS OF THE POLICY PLAN FROM THE HEALTH ALLIANCE PLAN)

SIGNED

Constance M. Phillips

05/21/2014



January 30, 2014

Dear Member:

Thank you for choosing HAP as your health plan partner. We appreciate your loyalty because everything we do – from the way we answer your questions, ensuring quality care through our leading doctors and hospitals to offering valuable member programs, is all done with you in mind.

Enclosed is your HAP Member Guide, which includes notifications that we are required to provide to you on an annual basis. The guide provides helpful information relating to your coverage, benefits, services, programs and the plan extras that are yours as a HAP member.

Inside you'll find what you need to make the most of your membership with us and become more familiar with how your health plan works such as:

- A helpful chart that outlines where to seek care
- Steps to help you select a doctor
- Details about our member discount program
- Information about convenient online tools
- Notice of Privacy Practices
- And much more...

If you have any questions, please call HAP Client Services at the number on the back of your HAP ID card. If you are deaf, hard of hearing or speech impaired, please use our TTY/TDD line at (800) 649-3777.

Sincerely,

Richard D. Chaney
Vice President, Client Services

Congratulations! Your HAP Personal Alliance® health plan application has been approved! For over 50 years, HAP has worked to provide you with best-in-class health plans and award-winning customer service.

Your plan is approved at the rate of \$816.30 per month. The premium includes new federal and state taxes and fees as part of the Affordable Care Act, which amount to approximately 3.2 percent of the total.

Your Effective Date and Billing Cycle:

Your effective date is March 1st 2014. To avoid gaps in coverage, the premium will be charged to your credit card/bank account on a monthly basis, on or about the 26th of the month prior to your effective date upon receipt.

After making your initial payment, you will be able to manage future payments at hap.org. To do this, please follow these steps to access the payment portal:



CITY OF DETROIT
RETIREMENT BENEFIT APPLICATION DOCUMENTS COMPLETED WITH
THE
CITY OF DETROIT PENSION ON 3/15/2012

GENERAL RETIREMENT SYSTEM
RETIREMENT APPLICATION CHECKLIST

Initial Selections

1. TYPE OF RETIREMENT

- ☒ Service Retirement ☐ Duty Disability Retirement ☐ Widows Pension
☐ Early Retirement ☐ Non-Duty Disability ☐ Vested Pension-Current Annuity Balance
☐ Conversion ☐ Survivors Pension ☐ Vested Pension-Pension Retroactive to Eligibility Date

2. OPTION SELECTION

- ☐ Straight Life ☐ Option 1 (Cash Refund Annuity) ☐ Option A (75% Survivor)
☐ No option required ☒ Option 2 (100% Survivor) ☐ Option B (25% Survivor)
☐ Option 3 (50% Survivor)

I understand that with selection of Straight Life or Option 1 there will be no spousal health care benefits after retiree's death.

3. UNUSED SICK PAY OPTION

- ☒ YES ☐ NO

4. POP-UP SELECTION

- ☐ YES ☒ NO

5. EQUATED SOCIAL SECURITY OPTION ☐ AGE 62 ☐ AGE 65

I understand that my gross monthly pension will be reduced effective the first day of the month following my _____ birthday.

6. MATERNITY LEAVE (7-2-65 TO 9-19-72) ☐ YES ☐ NO

7. DEFINED CONTRIBUTION PLAN (Annuity Fund)

- ☐ No Withdrawal ☐ Partial Withdrawal
☐ Previously Withdrawn ☒ Total Withdrawal
☐ Rollover-Form to be submitted

Annuity Withdrawal Forms and Interest Letter Received

~~Bonus Distribution Notice Reviewed~~

8. WITHHOLDING TAX

- ☐ No withholding ☐ Married 1 Exemptions
☐ Fixed amount \$ _____ ☐ Single _____ Exemptions

STATE WITHHOLDING TAX

- ☐ 1. Not taxable ☐ 2. Before 1946 ☒ 3. Between 1946 and 1952 ☐ 4. After 1952

9. DIRECT DEPOSIT

- ☒ YES ☐ NO

GENERAL RETIREMENT SYSTEM
RETIREMENT APPLICATION CHECKLIST
(Page 2)

Initial Selections

10. HOSPITALIZATION

- ☐ Declined/Not Entitled
☒ H.A.P.

- ☐ Blue Cross
☐ Blue Care Network

- ☐ Community Blue
☐ COBRA

11. EYE CARE COVERAGE

- ☐ Declined/Not Entitled

- ☒ Heritage

- ☐ Spectera

12. DENTAL COVERAGE

- ☐ Declined/Not Entitled

- ☐ Blue Cross

- ☐ Golden Dental

- ☒ DenCap

13. DEATH BENEFIT

- ☒ YES ☐ NO

14. GROUP LIFE INSURANCE (Disability Only)

- ☐ YES ☐ NO

15. GROUP LIFE INSURANCE-WAIVER OF PREMIUM
(TOTAL & PERMANENT DISABILITY)

- ☐ YES ☐ NO

16. PROOF OF BIRTH

EMPLOYEE ☒ Supplied

☐ To Be Supplied

BENEFICIARY ☒ Supplied

☐ To Be Supplied

17. MARRIAGE CERTIFICATE

- ☐ Not married ☐ Supplied ☐ To Be Supplied

18. DIVORCE/EDRO

- ☐ YES ☐ NO

19. BENEFICIARIES CONFIRMED

ANNUITY
DEATH BENEFIT
LIFE INSURANCE

20. MILITARY SERVICE PURCHASED

- ☐ YES ☐ NO

I acknowledge that any outstanding balance for the purchase of military service time must be paid in full before my retirement

I HEREBY CERTIFY THE FOLLOWING:

1. I have carefully read the above.
2. I understand the benefits and the options available.
3. I had the opportunity to ask questions.
4. I understand changes will not be allowed after I cash my first pension check or 180 days after my retirement date, whichever comes first.

✓ Constance M. Phillips
SIGNATURE

✓ 3/15/2012
DATE

Jayisha Koon-Carter
WITNESS



City of Detroit
GENERAL RETIREMENT SYSTEM
APPLICATION FOR SERVICE RETIREMENT

To the Board of Trustees, City of Detroit
General Retirement System:

PENSION NUMBER

R-169106

SOCIAL SECURITY NUMBER

23110

I, Constance Phillips, a member of the Retirement System, hereby apply for service retirement in accordance with the provisions of the law and related rules and regulations.

My date of birth is:

Month 5 Day 30 Year 1950

I request my retirement to be effective:

Month 4 Day 10 Year 2012

I desire my retirement allowance benefits sent to:

No. 2720 Street E. Lafayette #103
City Detroit State Mi 48207

My title on the payroll is:

General Manager

Department employed in:

Human Services

In connection with my application for retirement on 4-10-2012, I request a refund of \$ 100% from my Annuity Savings Fund.

I elect to receive my retirement allowance in the following form of payment:
(place one X in a square on each line; a total of two X's.)

☒ STANDARD

☐ EQUATED
Increased to Age
& Decreased Thereafter

If you selected
this option please
initial _____

☐ REGULAR
STRAIGHT LIFE
Allowance

☐ OPTION 1
Cash Refund
Annuity

☒ OPTION 2
Joint and 100%
Survivorship

☐ OPTION 3
Joint and 50%
Survivorship

☐ OPTION A
Joint and 75%
Survivorship

☐ OPTION B
Joint and 25%
Survivorship

(Write plan of retirement elected) Option 2-100% Survivorship

If option 2, 3, A or B elected, do you desire Pop-Up Plan Protection?

Yes ☐ No ☒

Constance M. Phillips
Signature of Member

I nominate as my beneficiary:

Gail L. Phillips

Beneficiary's date of birth:

Month 6 Day 17 Year 1953

Beneficiary's Address

No. _____ Street _____

Beneficiary's place of birth:

Illinois

Beneficiary's Soc. Sec. Number:

4371

City _____ State _____

Beneficiary's relationship to me:

Sister

Sex

Female

PROOF OF BIRTH DATE OF BENEFICIARY REQUIRED IF OPTION 2, 3 A OR B, IS ELECTED

Dated at Detroit, Mich. this 15th day of March 20 12

Jessica Moore-Carter
Signature of Witness

Constance M. Phillips
Signature of Retiring Member

Any balance under Option 2, 3, A or B is to be paid to my _____

Relationship

date of birth _____

Name of Beneficiary

Dated _____

Signature of Witness

Signature of Member

City of Detroit General Retirement System
Signature Card

Name Constance Phillips Pension No. 169106

Address 3720 E. Lafayette, #103
Detroit, Mich. 48207
City State Zip

Social Security Number [REDACTED] 2310

Signature of member Constance M. Phillips

The above signature was executed in my presence on

13-15-2012
Mo Day Year

Tajisha Moore-Carter
Notary Public of 3-15-2012

My commission expires _____



23/0
Social Security Number

169106
Membership Number

CITY OF DETROIT EMPLOYEES BENEFIT PLAN-CHAPTER VIII OF TITLE IX
of the
CHARTER OF THE CITY OF DETROIT

Benefit Payable Upon Death of Member

NOMINATION OF BENEFICIARY

Constance M. Phillips hereby direct the
Governing Board of the City of Detroit Employees Benefit Plan, of the City of Detroit, to pay the amount of death benefit
due (as specified under the terms of the City Charter and Ordinances relating to this Employees Benefit Plan) to
my Sister CLARK L. PHILLIPS
(Give Relationship of Beneficiary) (Give Full Name of Beneficiary)

whose date of birth is _____, whose residence address is _____

if living, otherwise to my _____
(Contingent Beneficiary Relationship)

NOT APPLICABLE

_____ whose residence address is _____
(Give Full Name of Contingent Beneficiary)

_____ if living; otherwise to my legal representatives.

Dated at DETROIT, MICHIGAN, this 15th day of JUNE, 20 12.

Constance M. Phillips
(Signature of Employee)

Jaisha Nona-Carter
(Signature of Witness)

2720 E. LAFAYETTE #103
No. Street
DETROIT, MI. 48207
City State Zip Code

May 30, 1950
Member's Date of Birth

C of D 151 -NO (Rev. 12-81)





Retirement Effective Date April 10, 2012

CITY OF DETROIT RETIREE HEALTH BENEFITS ENROLLMENT/CHANGE FORM

USE BALLPOINT PEN

Part I. Retiree Information

☐ Initial Enrollment ☐ Open Enrollment ☐ COBRA

☐ Add Dependent(s) ☐ Remove Dependent(s) ☐ Terminate Contract

Social Security Number Last Name Phillips First Name Constance M.I. Sex F

Street Address 2720 E. Lafayette, #103 City Detroit State MI Zip Code 48207

What was your job title at the time of your retirement? Gen. Manager

Part II. Coverage Selection

Check ☐ New ☐ Existing

Marital Status: ☒ Single ☐ Married

Does your spouse work for or is retired from the City of Detroit? ☐ Yes ☒ No

Do you or any of your dependents have other medical coverage, including Medicare? ☐ Yes ☒ No

Retiree Telephone Numbers: Daytime 313.393-3271 Evening (313) 570-3828

Reason for Change/Addition: Must submit this completed enrollment within 30 days of the event

☐ New Dependent(s) ☐ Marriage ☐ Loss of Other Coverage ☐ Name Change

Date of Event:

Reason for Coverage Termination:

☐ Terminate Entire Contract ☐ Divorced ☐ Ineligible Dependent ☐ Have Other Coverage ☐ Death

Date of Event:

Part III. Dependent Information (List all current and any new dependents)

* Action Code for Coverage: C-Continue A-Add R-Remove (M-Medical D-Dental V-Vision)

Action Code*	Health Care Plans			Last Name	First Name	M.I.	Social Security Number	Sex	Relation Code**	Date of Birth		Primary Physician Name/Site/Code
	M	D	V							Mo	Day	
Spouse									S	/	/	
Dep - 1										/	/	
Dep - 2										/	/	
Dep - 3										/	/	

Part IV. Authorization. I have elected to enroll myself and my dependents in the above health care plans and authorize the City of Detroit to deduct the amount of any required premium-sharing contribution from my monthly retirement payment check. I also authorize my health care plans and the Benefits Administrative Office to obtain information from health care providers, hospitals and clinics necessary to administer the health programs and provide services.

Retiree Signature Constance M. Phillips Date: 3/15/2012

BAO USE ONLY

Medical Codes: Old: New: BC Eff: FM Date:

Dental Codes: Old: New: BC Eff: FM Date:

Vision Codes: Old: New: BC Eff: FM Date:

Part II. Coverage Selection

Check ☐ New ☐ Existing

Marital Status: ☒ Single ☐ Married

Does your spouse work for or is retired from the City of Detroit? ☐ Yes ☒ No

Do you or any of your dependents have other medical coverage, including Medicare? ☐ Yes ☒ No

Retiree Telephone Numbers: Daytime 313.393-3271 Evening (313) 570-3828

Reason for Change/Addition: Must submit this completed enrollment within 30 days of the event

☐ New Dependent(s) ☐ Marriage ☐ Loss of Other Coverage ☐ Name Change

Date of Event:

Part III. Dependent Information (List all current and any new dependents)

* Action Code for Coverage: C-Continue A-Add R-Remove (M-Medical D-Dental V-Vision)

Action Code*	Health Care Plans			Last Name	First Name	M.I.	Social Security Number	Sex	Relation Code**	Date of Birth		Primary Physician Name/Site/Code
	M	D	V							Mo	Day	
Spouse									S	/	/	
Dep - 1										/	/	
Dep - 2										/	/	
Dep - 3										/	/	

Part IV. Authorization. I have elected to enroll myself and my dependents in the above health care plans and authorize the City of Detroit to deduct the amount of any required premium-sharing contribution from my monthly retirement payment check. I also authorize my health care plans and the Benefits Administrative Office to obtain information from health care providers, hospitals and clinics necessary to administer the health programs and provide services.

Retiree Signature Constance M. Phillips Date: 3/15/2012

BAO USE ONLY

Medical Codes: Old: New: BC Eff: FM Date:

Dental Codes: Old: New: BC Eff: FM Date:

Vision Codes: Old: New: BC Eff: FM Date:

Part II. Coverage Selection

Check ☐ New ☐ Existing

Marital Status: ☒ Single ☐ Married

Does your spouse work for or is retired from the City of Detroit? ☐ Yes ☒ No

Do you or any of your dependents have other medical coverage, including Medicare? ☐ Yes ☒ No

Retiree Telephone Numbers: Daytime 313.393-3271 Evening (313) 570-3828

Reason for Change/Addition: Must submit this completed enrollment within 30 days of the event

☐ New Dependent(s) ☐ Marriage ☐ Loss of Other Coverage ☐ Name Change

Date of Event:

Part III. Dependent Information (List all current and any new dependents)

* Action Code for Coverage: C-Continue A-Add R-Remove (M-Medical D-Dental V-Vision)

Action Code*	Health Care Plans			Last Name	First Name	M.I.	Social Security Number	Sex	Relation Code**	Date of Birth		Primary Physician Name/Site/Code
	M	D	V							Mo	Day	
Spouse									S	/	/	
Dep - 1										/	/	
Dep - 2										/	/	
Dep - 3										/	/	

Part IV. Authorization. I have elected to enroll myself and my dependents in the above health care plans and authorize the City of Detroit to deduct the amount of any required premium-sharing contribution from my monthly retirement payment check. I also authorize my health care plans and the Benefits Administrative Office to obtain information from health care providers, hospitals and clinics necessary to administer the health programs and provide services.

Retiree Signature Constance M. Phillips Date: 3/15/2012

BAO USE ONLY

Medical Codes: Old: New: BC Eff: FM Date:

Dental Codes: Old: New: BC Eff: FM Date:

Vision Codes: Old: New: BC Eff: FM Date:

Part II. Coverage Selection

Check ☐ New ☐ Existing

Marital Status: ☒ Single ☐ Married

Does your spouse work for or is retired from the City of Detroit? ☐ Yes ☒ No

Do you or any of your dependents have other medical coverage, including Medicare? ☐ Yes ☒ No

Retiree Telephone Numbers: Daytime 313.393-3271 Evening (313) 570-3828

Reason for Change/Addition: Must submit this completed enrollment within 30 days of the event

☐ New Dependent(s) ☐ Marriage ☐ Loss of Other Coverage ☐ Name Change

Date of Event:

Part III. Dependent Information (List all current and any new dependents)

* Action Code for Coverage: C-Continue A-Add R-Remove (M-Medical D-Dental V-Vision)

Action Code*	Health Care Plans			Last Name	First Name	M.I.	Social Security Number	Sex	Relation Code**	Date of Birth		Primary Physician Name/Site/Code
	M	D	V							Mo	Day	
Spouse									S	/	/	
Dep - 1										/	/	
Dep - 2										/	/	
Dep - 3										/	/	

Part IV. Authorization. I have elected to enroll myself and my dependents in the above health care plans and authorize the City of Detroit to deduct the amount of any required premium-sharing contribution from my monthly retirement payment check. I also authorize my health care plans and the Benefits Administrative Office to obtain information from health care providers, hospitals and clinics necessary to administer the health programs and provide services.

Retiree Signature Constance M. Phillips Date: 3/15/2012

BAO USE ONLY

Medical Codes: Old: New: BC Eff: FM Date:

Dental Codes: Old: New: BC Eff: FM Date:

Vision Codes: Old: New: BC Eff: FM Date:

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MICHIGAN

IN RE:

CASE NO: 13-53846
CHAPTER: 9

Debtor:
City of Detroit, Michigan

Judge: Hon. Thomas J. Tucker

CERTIFICATE OF SERVICE

I hereby certify that on Wed., May 28, 2015 (date of mailing), I served
copies as follows:

1. Document(s) served: Objection - Court Docket #9739
Debtors' Tenth Omnibus Objection to Certain Claims
(No Basis Claims)

2. Served upon [name and address of each person served]:

Clerk of the Court
United States Bankruptcy Court
211 W. Fort Street, Suite 200
Detroit, Michigan 48226

3. By First Class Mail.

(* By Direct Hand-Delivery)

U.S. BANKRUPTCY COURT
E.D. MICHIGAN-DETROIT

2015 MAY 20 P 1:55

FILED 00

Dated: 5/20/2015

Constance M. Phillips
(Signature)

Print Name: Constance M. Phillips

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MICHIGAN

IN RE:

CASE NO: 13-53846
CHAPTER: 7

Debtor:
City of Detroit, Michigan

Judge/Hon: Thomas J. Tucker

CERTIFICATE OF SERVICE

I hereby certify that on Wed, May 20, 2015 (date of mailing), I served
copies as follows:

1. Document(s) served: Objection - Court Docket #9439

Detroit's Fifteenth Omnibus Objection to Certain Claims
(No Basis Claims)

2. Served upon [name and address of each person served]:

John A. Simon, Counsel for the City
On Behalf of Jeffrey S. Kopp, Vamar N. Dolcourt and
Leah R. Ambrogio
Voley & Lardner, LLP
500 Woodward, Suite 2700
Detroit, Michigan 48226

3. By First Class Mail.

Dated: 5/20/2015

Constance M. Phillips
(Signature)

Print Name: Constance M. Phillips

FILED (1)
MAY 20 P 1:55
BANKRUPTCY COURT
EASTERN DISTRICT OF MICHIGAN
DETROIT